2:Man G-5 (1869-1880)1932 AZ2 Andamans AZ2

Soon after delivery, some warm
water is given to the woman to drink; she is also fed with meat-gravy, and the water in which shell or other fish have been boiled; after a time, should she desire it, fish, shell-fish, yams, or fruit are given her, but no meat.[1] During the first two or three days, she remains in a sitting posture, propped up by articles arranged so as to form a couch. As might be supposed, from the active habits and unsophisticated manners of these people, their women rarely suffer much during labour and child-birth; in fact, no instances of difficult delivery are known.[2]

12. For ear-ache, head-ache, and tooth-ache, recourse is had, in the first instance, to the *chàu·ga-tâ-*, then to scarification, should the pain continue and cause swelling.

13. In cases of skin disease, they afford relief, at least from irritation, by applying to the parts affected a large smooth stone previously warmed over a fire.

14. When a wound is inflicted by a thorn, stone, shell, &c., hot water is poured over it from a *Cyrena* shell, which is then heated and applied to the part as hot as it can be borne; or, if the injury be slight, sea-bathing is prescribed, as it is said to expedite the healing process. In treating a boil, they scarify all round the swelling in order to reduce the inflammation, and afterwards bathe it with *chū·lnga-* "lotion." This substance is also taken internally when suffering from dysentery, while for diarrhœa they swallow small quantities of a whitish clay, called *kôtrē·o-*.

15. The *larvæ* of bees found attached to honeycombs is eaten to correct constipation, or, if in season, the fruits of two trees, *ô·ropa-* and *chôb-*, which are much relished, and not without reason.

16. Their method of treating a case of epilepsy is to sprinkle the patient with cold water, and then to scarify his brow.

17. When bitten by a snake (especially a venomous one), if they succeed in killing it, they cut it open, and apply the kidney fat to the wound, rubbing it in for some time; should they fail in capturing the reptile, a ligament is tied above the bite, and the surrounding flesh is scarified. Deaths from snake bites, though not unknown, are rare. The late chief of the Middle Strait community died in a few hours from the bite of a certain tree snake called *tâ·ga-jō·bo-*,[3] in September, 1878, and another

[1] During menstruation they abstain from pork, *Paradoxurus*, turtle, honey, and yams, and live upon certain varieties of fish, sour fruits, iguanas, and prawns.

[2] The custom known by the name of *couvade*, or the paternal lying-in, is quite unknown among the Andamanese.

[3] This snake is said to be the most deadly, after which the *lâ·raba-* and *wâ·ra-jō·bo-* are the most dreaded. The last appears to be the *Ophiophagus elaps*. Further allusion to the *lâ·raba-* and the *wâ·ra-jō·bo-* will be made under "Superstitions."

2:Man G-5 (1869-1880)1932 AZ2 Andamans AZ2

752 case of a similar kind occurred a few years since in McPherson's Strait. When bitten by a centipede on the leg or hand, urine is applied; less inconvenience seems to be caused by these injuries to the Andamanese than to the natives of other countries, although the insects are here larger than in many districts, measuring sometimes as much as eight inches. The scorpions, on the other hand, are small and comparatively innocuous; no attention is therefore paid to the bites they inflict.

164 18. Elephantiasis appears never to have occurred among them; but since seeing cases of this complaint among the Nicobarese, they have given it a name, *lâ·pi-*, from *lâ·pike*, to swell (as a bruise).

752 19. Bandages of leaves are applied to gunshot wounds, ulcers, fractures, sprains, or bruises.

201 **Physiognomy.**—1. When an Andamanese is in good spirits, his eyes sparkle and the surrounding skin is slightly wrinkled, while the corners of the mouth, which is partially opened, are drawn back; if he be in low spirits the eyes are directed to the ground, the forehead is transversely wrinkled in the centre, and the lips are closed, but the corners of the mouth are not depressed; under the influence of great grief the nostrils are observed to dilate.

2. In thinking deeply, or while endeavouring to understand the construction of some object, the eyes are fixed intently on it, and a slight elevation of the lower lid is noticeable.

3. Astonishment is expressed by the eyebrows being raised, the mouth opened a little and covered with the left hand, while the right hand is brought smartly to the left side just above the heart; a man will also, on being reminded of an unintentional omission to fulfil some promise, act either in this manner, or he will slap his thigh and then place the hand over his opened mouth. Women show their surprise (and also joy) by striking the thigh, which is raised for the purpose, with the open hand. To this practice may be attributed the mistaken notion entertained by an early writer,[1] that "their salutation is performed by lifting up a leg and smacking with their hand the lower part of the thigh."

4. Indications of slyness, guilt, and jealousy can be detected in the eye only.

5. Disgust is shown by throwing the head back, dilating the nostrils, drawing down the corners of the mouth, and slightly protruding the lower lip: no expiration is, however, made.

6. Shame is evinced by the head being averted, the eyes lowered, and the hands raised so as to conceal the portion of the face exposed to view.

[1] *Vide* Colebrooke.

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291 754 *naquinẽghẽ* exposes the former owner to harm. Ill-disposed persons could use it for black magic practices. I collected specimens of this garment, all of them, however, brand-new – for the above-mentioned reason. To avoid trouble to the owner, nobody is allowed to touch the *naquinẽghẽ*, which is worn in front of the vulva. To touch it is a deadly offence. Aside from the *naquinẽghẽ*, Andaman 842 colonists attribute the natives' sterility to their abhorrence of salt. Another 263 opinion would have it that the lack of salt transforms human saliva into poison: the Jarawas, by spitting on their arrows render them poisonous. The absurdity of this belief is so evident that it requires no confutation. The Onge refuse to eat salt because they consider it unhealthy, or, to say the least, disgusting.

III. Illnesses and Onge Curative Methods

164 Few illnesses affect the Onge, but they succumb to those few with surprising speed. Often they become seriously ill for mysterious reasons and in spite of their robust appearance. Smallpox, tuberculosis and poliomyelitis are unknown in Little Andaman, although they sometimes strike in the nearby Nicobars. Measles broke out on the island on more than one occasion, killing off all the inhabitants of several communal huts, which I later found deserted and in ruins. With regard to syphilis, the Indian Census of 1931 quotes an old remark of PORTMAN's concerning a few individuals considered by him as infected. This was later denied.

[752] Onge women are more resistant to illness than men. Wounds heal promptly in both sexes, without the aid of remedies. A few of the older men, however, had suppurating sores on their legs, slow to disappear even when disinfected and treated by me with European medicines. No similar sores were found on women. On the other hand, women suffer more than men from ringworm, mainly in the umbilical region. Nothing is done to rid them of it because the discomfort is slight. I suggested an Indian cure made with the leaves of the neem tree, or Melia azedarach, very common in Southern Asia [123] where it is considered sacred. I imported the plant to Little Andaman, but the Onge displayed no interest in it. I found a single instance of leucoderma, in a woman with whitish spots on her hands and lips. I could get no reliable information about the incidence of cancer, but it appears to be rare on the island. No baldness is to be seen in Little Andaman, and I found few traces of [142] greying hair, as the Onge die young. A transversal bregmatic furrow is noticeable [482] in all individuals, male and female, as a consequence of carrying loads hung from their heads by a strip of bark. The Onge start doing this in childhood. An artificial, unintentional deformation of the skull is the result of that uncomfortable habit.

751 302 [386] For hygienic reasons the Little Andaman aborigines paint their bodies with refined clay and ochre of various shades, mainly reddish. This gives the women occasion to embellish the bodies of their husbands with an endless variety of geometrical designs. Every year I found changes in their patterns, and I

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documented the fact in a number of photographs. The purpose, however, is purely hygienic . an unpainted body is, in their opinion, exposed to certain illness. They explained this belief to me by saying that without paint the body becomes "hot". The men who travelled with me far from women were anxious every day to spread clay on face, chest and limbs, just to avoid "heat" or, in other words, fever. I thought of malaria, but they do not suffer from it. Of this I will speak later on.

Rough clay is applied daily, on infant bodies as well as on adults, for health purposes. It is used to cure all kinds of sickness, together with ochre, turtle fat and honey. Honey spread on wounds appears to hasten healing. Identical curative methods are employed in Oceania. They probably existed among the Tasmanians, and are still used in Australia by the aborigines. I found nothing of the kind in Africa, where honey is plentiful. The Onge consider clay, ochre, honey and turtle fat good for external and internal treatment alike - both preventive and curative. Powdered bees' wax of a dark colour is often added. I saw mothers give their children, as a laxative, a number of pills made of similar ingredients. No bigger than common hazelnuts, the pills are red and greasy. In Onge forests I saw some small excavations, a few feet deep, made to extract the medicinal clay from special ground pockets. In its natural form the clay is light coloured, powdery and free of stones. When it is burnt the colour changes, assuming red, yellow, whitish or black shades according to the different qualities used, all believed to possess healing properties and to ensure hygienic colouring of the body. Mixed as described above, clay is used by the Onge in every circumstance from fever to snake or scorpion bite, constipation, breast infection in women, or post-delivery bleeding.

Belief in the medicinal properties of clay is as old as humanity itself. Even among contemporary European peoples, notwithstanding severe criticism, clay is still honoured as health-giving, not, I must say, on wholly foolish grounds. The Onge, who smear their bodies constantly with clay, have the softest, most velvety skin that I ever saw anywhere in the world. Wounds spread with clay mixed with honey and fat leave negligible scars. The laxative and germ-killing action of clay is admitted by physicians in many countries, including Europe. It never causes infection. Geophagism has ancient origins, and we find it practiced by many modern populations. Children of every race and all young wild animals lick clay instinctively to absorb the mineral salts required by a developing organism. The Onge habit of using clay for healing purposes can be set, therefore, in a very wide frame.

Mental and nervous disorders are rare in Little Andaman. Few natives are subject to epilepsy – an important matter for the Onge : they consider such people as possessed by spirits who speak through their mouths, and respectfully question them as oracles. Several Onge chiefs, such as Chief Tchôtâ of Tambê-ê-buiê, are apt to go into trances that have all the appearance of epileptic fits. They were elected chiefs on the strength of their epilepsy!

Constant exercise keeps eyesight and hearing extremely sharp in the Onge. I saw no single case of myopia or presbyopia among the natives, nor

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164 do they suffer from the eye infections that are so common in the tropics. Their
151 highly trained eye can distinguish at a great distance small vessels on the troubled waters of the sea that people with normal eyesight could not perceive without a telescope. Normal vision, I suppose, is the same for the entire human
123 race ; but we exercise our eyesight less. In the dark fastness of the jungle, the
151 Onge were able to point out birds sitting motionless high up in the trees, quite invisible to me notwithstanding my experience in collecting even the tiniest specimens. With their sharp eyes they sought out for me a collection of minute mimetic amphibians living far from the ground on tree trunks, previously unknown to science. The same thing often happened when I was unable to see as far as they did. The help of my savage friends was invaluable in avoiding the poisonous snakes that we met with daily in our camps or while travelling. For our protection, the Onge always marched in front of my men. They could discern reptiles hanging from branches among thick foliage, waiting to bite us on the neck, or lying perfectly still in the tall grass, ready to attack our legs. The only trouble we had with snakes was when the men I had brought from India, in moments of enthusiasm ran ahead into the interior of the jungle, eluding their Onge vanguard.

● 752 The Onge themselves, however, are sometimes bitten by snakes, with
123 dire consequences. Happily the Andamanese snakes are less deadly than the
[136] same species on the continent, and few deaths occur from snake bite ; but it can curtail a man's activity for several months. In March 1953 an Onge friend
[222] of about 25 who had climbed à tall tree to collect honey, inadvertently seized with his left hand a snake concealed in a tuft of creepers, and was bitten above the elbow. Frightful swelling ensued, together with shooting pains and a raging fever. The man was brought to me unconscious, his left arm had already assumed the appearance of a huge, rigid, elongated sausage. The Onge had smeared all his body, and particularly the wounded arm, with ochre mixed with honey, turtle fat and rough clay. They have no specific remedy for snake bite. It was too late, but in an attempt to save the patient an antiophidic injection was practiced on him. Within a few hours he appeared to rally. I saw him again after eleven days ; his arm had been treated in the Onge way and put in a sling made of ficus bark cut into narrow strips. Fever had disappeared, and in part also the swelling, so he could move his elbow a little. The skin peeled off the whole length of the arm. Where the fangs had entered the flesh two round, red, suppurating wounds, 1 cm in diameter, were discernible under a layer of clay and honey. The man recovered in about two months. During his
476 illness the people who shared his communal hut exempted him, his wife and his children from all work, and supplied them with all requirements. This occurs in every case of illness, showing the complete solidarity that prevails among those simple people – once considered ferocious. Always, if the wife is ill, the husband is automatically relieved of his hunting, fishing and food-collecting duties. Friends provide food for the family, no matter how many the members thereof.

164 In Little Andaman, we Europeans are constantly threatened with mala-
143 ria. Should we fail to take all necessary precautions we would catch it upon setting foot on the island. The Onge are all infected, but it does not upset

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them ; neither children nor adults have dilated spleens. Inhabitants of other regions where malaria incidence is high often show the same immunity, supposedly attained through local adaptation. Papuasians, Melanesians and Africans sometimes appear insensitive to malaria, although they all carry the germs of the disease. In opposition to their resistance to malaria, the Onge are vulnerable to minor lung infections and measles, which we would not consider serious.

When fever occurs, whatever the cause, the Onge recur to their universal remedy : plastering the entire body with clay, ochre, turtle fat and honey. Legs, arms and trunk are swaddled in tight bandages made of strips of ficus bark. These bandages hinder superficial blood circulation. The strips are removed from time to time and replaced after vigorous massaging of the body with hands and feet. Stomach and chest pains, as well as insistent coughing, are treated by stretching the patient horizontally on the ground and rubbing him energetically with hands and feet. The feet compress the body, with special attention to the affected part. The entire trunk is worked over in this manner, inch by inch, and the patient is carefully rotated until he has been completely turned around to receive treatment on all sides. This process lasts half an hour or more. It is a curious sight to see a man transformed into a kind of sausage, all tied up in strings and subjected to violent treatment on the bare ground, with a crowd of spectators surrounding him, obviously taking the whole performance quite seriously. The result is kill or cure ; the former helped, I should say, by rough treatment performed with the best intentions.

Exposure to hot smoke is another Onge cure for wounds and pains. I saw it applied, for instance, on Nabimbôi, the fat young wife of Maritôi, chief of Chemalĕ. She had scorched her right foot by stepping inadvertently on smouldering ashes. The pain made it impossible for her to sleep, so she was treated by covering the burn with the usual mixture of clay, turtle fat and honey, and exposing it to hot smoke. The smoke was provided by burning the fresh seeds of a creeper, each as big as a horse-chestnut and of the same colour, but of a lenticular shape. Incisions are made in the seeds to prevent explosion, and they are laid on the fire where they give out a thick smoke. The injured foot was held as close to the fire as possible. Recovery promptly ensued, but I would not swear that it was due to the treatment.

Fire is used by the Onge also against fever, whatever its cause. I shall quote an instance. On the night of 28 March, 1954, one of my guides, Toncootêi, a very intelligent Onge, suffered a strong attack of fever while resting in the Antiguĕh communal hut in the interior of the island. I diagnosed the trouble as indigestion from immoderate guzzling of pork meat. Friends stretched Toncootêi on the ground, resting on his right side. Two lines of burning charcoal, set at right angles, outlined his back and head. Then one of the Onge started spitting on Toncootêi's hair. This was followed by vigorous rubbing of his scalp, with occasional pauses to seize his head and press it strongly with both hands. Following this, diluted ochre and clay – very hot – was spread on his thorax, throat and neck and rubbed in vigorously, whereupon the patient was brought closer to the fire. In the meantime a young fellow

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started slapping his hands on Toncootĕi's and exposing them intermittently to the fire. All this lasted over a quarter of an hour. The patient was then made to lie prone, with his legs spread out, to receive a foot massage as described above, for another quarter of an hour. Torso, feet and hands were worked over, with short pauses for artificial respiration by means of compression. Subsequently his back, and particularly the sacral region, was vigorously rubbed by willing hands and feet. Three men performed this operation. Toncootĕi was finally allowed to rest, between two fires kept burning all night. Sunrise found him alive, and the fever had abated, due, I think, to a good European laxative that I had persuaded him to take.

In March 1952, I witnessed a sad episode, followed by the death of the patient, near my Labanare camp. A young mother was suffering from breast rhagades. Her baby was less than a month old, and she was also suckling another child, almost two years old, who had sharp teeth. It is a frequent kindly habit of the Onge to adopt babies; and it is customary to breast-feed them up to the age of four. Some interesting consequences arise out of this habit, but I shall not analyze them here. A minor detail: since they are allowed to suckle when they wish and are weaned so late, Onge children do not indulge in thumb sucking. Considerable reactions are spontaneously established between the two terminal parts of the digestive tube – oral and anal, as though in physiological conflict. Once more I affirm that the evidence of Onge sexual behaviour positively denies Freudian theories with regard to the sexual life of children. Furthermore, young anthropoids and primitive people behave identically in this respect.

The adopted baby gave the young mother nipple wounds that became infected and suppurated. For lack of proper care and in unhygienic surroundings, the infection spread to the rest of her body. I found her suffering terribly from pain in the breast, muscular spasm and high fever. The Onge had applied their usual external remedies to her body, from head to foot. Very tight bandages of ficus bark, renewed three times a day, were wrapped arounds legs, arms, trunk and abdomen. Bright red ochre – rare in Little Andaman and considered more effective because of its brilliant colour – was painted onto the afflicted breast. The poor young woman looked at me hopefully. I suggested her immediate removal to Port Blair Hospital, and sent radio messages from my camp to the Chief Commissioner, Mr. A. K. GHOSH. He responded generously by ordering a ship to call for the patient, but the journey was useless because her relations were opposed to displacing her. In March 1952 my friendship with the Onge was only starting; this will explain their refusal to follow my advice. Without proper care, in a place like Little Andaman, the patient died four days after my arrival at the camp.

Prescription of medicines and treatments such as those described above is not determined by specialists. Everybody submits to treatment, with general approval, convinced of its effectiveness. Witch doctors do not exist and perhaps never existed in the Andamans. Nothing, then, is known by the Onge of the dances and exhibitions, commonly executed elsewhere for curative purposes, that influence the patient on a psychobiological basis. As they have

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regular exercise of the two faculties required by their existence in direct contact with the natural world; anyone, it is said, who lived such a life would preserve the same keenness of eye and ear. Certainly I saw no myopia among the Onges, nor any of the eye infections common among other inhabitants of the tropics. With the naked eye they can pick out tiny craft far out to sea, or the small, narrow Onge canoes which I could hardly see with field-glasses, which makes me doubt whether constant exercise of the eyes can really be the full explanation of their power of vision. They can pick out quickly and accurately birds immobile among the dense leaves in the darkest part of the forest, invisible to me, even though I was used to looking for them and could see them when they moved. And from the ground they saw high in the trees tiny amphibia which I wanted to catch, after I had caught one by chance which had proved to be a new species. These amphibia, perfect mimics, become almost invisible when they attach themselves to the bark of the trees, but the Onges pointed them out to me from a distance with absolute accuracy, and I was in fact able in 1954 to catch over two hundred in a week.[1]

The Onges can also pick out reptiles on the ground, or among the foliage, distinguishing with long practice the poisonous varieties which abound in the islands, and I found it very useful to send Onges ahead of me in the forest to look out for these snakes. When any of my Indians were bitten it was always because they thought they could do as well as the local scouts! The Onges themselves are, however, occasionally bitten, with serious consequences. One of them, aged twenty-five, climbed into a very high tree after honey, and unwittingly put his left hand on a snake hidden in the leaves, where it had climbed to search for birds' eggs. It bit just above the elbow, causing an alarming swelling of the arm with severe pain and fever. He was brought to me semi-conscious, with the whole limb swollen to the size of a rugby ball. The unfortunate man's neck had been bound with the usual strands of *Ficus* bark, and not surprisingly he was groaning desperately, and clearly on the point of death.

The Onges have no specific remedies for snake bites, and their

[1] These amphibia were examined in 1954 at the Institute of Zoology of the University of Genoa and given the name of *Kaloula baluata ghoshi*, in honour of Mr A. K. Ghosh, then Governor of the Andamans.

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attempts to help, after binding his throat, had consisted in smearing the man's entire body with a mixture of ochre, turtle fat and honey with an extra layer on the bitten limb. Although it was very late to start treatment I injected antiserum, and the next day the man seemed a little better. I next saw him eleven days after the injection, when the arm appeared much less swollen, and the pain had almost disappeared, although clear traces of the accident remained; the skin was cracked and peeling, and the two puncture marks at the site of the bite were still gaping open, each revealing red, purulent flesh over a circular area more than two centimetres in diameter. The arm looked almost gangrenous, but its owner did not seem worried, and joined in cheerfully with the others round me. Just over a month after the accident the wound was completely healed, leaving one very grateful patient.

The incident shows the complete solidarity of this simple and reputedly so warlike community; by tacit agreement the patient was relieved of all work, and provided with food by the other families in the communal hut. While he was seriously ill his wife went hunting and fished, normally the man's work. Similar help is given in the case of the aged, or if a wife and mother falls ill; food is provided for them, and for the children, and certain 'soothsayers' appear to be at least partially provided with food by the rest of the community on a permanent basis.

For any kind of fever the Onges turn immediately to their stock remedy, smearing the entire body with the usual mixture of ochre, turtle fat and honey. The legs, arms, chest and abdomen are then tightly bound with strips of *Ficus* bark, which are removed and renewed from time to time. Whether the patient has pains in the abdomen or in the chest, or elsewhere, or has a cough, he is invariably stretched out on the ground, and the appropriate part is given a form of vigorous massage by the feet of one of the bystanders. Usually the entire body is pummelled for quite a time, the patient being turned over and over. The patient ends up looking rather like a mummy plastered in ochre and the whole process is to us somewhat amusing, but the Onges all practise it, and submit to it, very seriously, believing implicitly in its efficiency. The mechanism by which the treatment works has yet to be determined!

Balls of ochre the size of a hazelnut and varying in colour from bright red to whitish-yellow are given by mouth, particularly to

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children. I have seen anything up to half a dozen given, one after another. Their laxative effect is sometimes violent, as the ochre is mixed with the usual turtle fat, plus lumps of pure wax from the hives of the black bees.

Another 'cure' is the smoking of the affected part. One young woman well known to me, Nabinibbi (wife of Maritòi, leader of the Cemalè group), plump and in her own way graceful, had burnt two toes of her right foot, and was unable to sleep with the pain. She smeared the foot well beyond the burn with the usual mixture and held it out to the smoke of great fresh liana seeds laid among embers. The seeds, the size of a large chestnut, but lenticular and covered with a dark brown, leathery skin, burnt with a dense smoke.

Another treatment, rather different, was applied to one of my Onge guides, Toncutèi, who developed a high fever on the night of 28 March 1954, while he was in the communal hut known as Entiguèh, in the north-central area of the island. In fact, it was merely violent indigestion caused by too much pork – Toncutèi, like his father Enagaghe, an indefatigable trencherman, had availed himself too freely of the boars shot that day by my men. His friends laid him on his side on the ground on a rectangular mat barely large enough to take his body, with his legs bent up to his chest. They then lit low fires along two adjoining sides of the mat, turning him from time to time so that he 'cooked' evenly. One Onge began spitting on the patient's hair, and rubbing the spittle into the skin, stopping every now and again to press the victim's head between his hands. Another dissolved ochre in water, and after heating it, rubbed it well into the patient's chest, throat and neck. Meanwhile, a third beat his hands vigorously on Toncutèi's. This went on for just over a quarter of an hour, after which the patient was stretched out on his stomach with his feet sticking out over the end of the mat, ready for the foot massage. As the masseur's foot reached the chest he stopped, pressing hard to enforce complete emptying of the lungs. Half an hour of this led to further rubbing with hands and feet for another fifteen minutes, particularly over the sacrum. Finally Toncutèi was left in peace beside the fire. By dawn the fever was gone (aided possibly by the strong purgative I had administered), although it was a couple of days before he had fully recovered.